

Please make sure the JMS office has a current Sport Physical on file, a signed Emergency form, and signed Eligibility/HIPPA form.

\$40.00 fee - check payable to JPS, cash, or pay online

Jamestown Middle School Eligibility Form

Attendance - Participants in the JMS (Jamestown Middle School) activities program must be in attendance for all regular classes on the day of the game, practice, or performance. The following examples will help clarify this policy:

- a. A student misses school the day of a game due to illness. No practice or playing that day.
- b. A student misses morning classes, but is present during the afternoon classes. Play or practice would be allowed, provided the student is not sick or injured at game time. However, all absences must be for legitimate reasons and not for resting.
- c. A student is present during morning classes, but goes home during the day because of illness. No play/practice allowed that day.

Eligibility - Guidelines of the North Dakota High School Activities Association are followed by JMS. The following are of specific concern:

- a. Student athletes must have passing grades in ALL subjects.
- b. Students must not use or have in his/her possession alcohol, tobacco, or illegal drugs. Student shall be suspended from activities for a period of six weeks for the 1st offense and eighteen weeks for 2nd offense.
- c. The Jamestown School District encourages additional rules be developed by each coach/advisor. Violations of these rules could result in suspension.
- d. The Activities Director (AD) and Coaches/Advisors reserve the right to suspend an athlete based on school behavior and/or conduct violations. Student athletes are representatives of JMS and the city of Jamestown.

Injuries - The risk of injury is present in all activities, therefore, this should be considered before a student decides to join or try out for a team. In the event of a school related injury, it is the responsibility of the injured student to report the injury to the coach/advisor in charge and to file a report with the AD's office.

Jamestown Public Schools assumes no responsibility for medical or other bills incurred by students.

Travel - Students selected to take out of town trips are expected to travel to and from games/events/meets with the team. No other means of transportation is to be arranged unless approval has been obtained through the Activities Director (AD). Forms must be signed by the AD and coach/advisor before the team leaves.

During the winter season, all parents are requested to see their children are warmly dressed when they board the school bus. Warm coats, caps, gloves, and pants (girls in dresses) are to be brought along.

Regular bus rules apply to co-curricular trips just as they do for route bus trips. Violations of route bus rules could result in a student not being allowed on an activity bus. See the district's hand book for school transportation for a complete list of rules.

KEEP THIS FORM FOR YOUR RECORDS

JAMESTOWN PUBLIC SCHOOLS

CONCUSSION POLICY

In order to help protect the student athletes of Jamestown Public Schools, the Jamestown Public School Board has mandated that all athletes, parents/guardians and coaches follow the JPS Concussion Policy.

A concussion is a brain injury and all brain injuries are serious. They may be caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head.

They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child/player reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following: <ol style="list-style-type: none">1. Headache.2. Nausea/vomiting.3. Balance problems or dizziness.4. Double vision or changes in vision.5. Sensitivity to light or sound/noise.6. Feeling of sluggishness or fogginess.7. Difficulty with concentration, short-term memory, and/or confusion.8. Irritability or agitation.9. Depression or anxiety.10. Sleep disturbance.	Signs observed by teammates, parents and coaches include: <ol style="list-style-type: none">1. Appears dazed, stunned, or disoriented.2. Forgets plays or demonstrates short-term memory difficulties (e.g. is unsure of the game, score, or opponent)3. Exhibits difficulties with balance or coordination.4. Answers questions slowly or inaccurately.5. Loses consciousness.6. Demonstrates behavior or personality changes.7. Unable to recall events prior to or after the hit.
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What can happen if my child/player keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

If you think your child/player has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear. Close observation of the athlete should continue for several hours.

An athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and may not return to play until the athlete is evaluated by a medical doctor or doctor of Osteopathy, trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider.

You should also inform your child’s Coach, Athletic Trainer (ATC), and/or Athletic Director, if you think that your child/player may have a concussion. And when it doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

www.nfhslearn.com

By signing this code of conduct agreement and concussion policy, the parent/guardian and student acknowledge understanding and support of rules and realize that a violation is a breach of the code of conduct and willingly accept the consequences for the current school year. Parents/guardian and students also agree to hold the Jamestown Public School district harmless for consequences that occur as a result of violations of this agreement.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION (HIPPA)

1. I authorize the use or disclosure of the above named individual's health and injury information including the Initial and Interim Pre-Participation History and Physical Exam information pertaining to a student's ability to participate in North Dakota High School Activities Association sponsored activities. Such disclosure may be made by any Health Care Provider generation or maintaining such information.
2. The information identified above may be used by or disclosed to the school nurse, athletic trainer, coaches, medical providers and other school personnel involved in the care of this student.
3. This information for which I am authorizing disclosure will be used for the purpose of determining the student's eligibility to participate in extracurricular activities, any limitations on such participation and any treatment needs of the student relating to health conditions or injuries during the year that may affect participation.
4. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the school administration. I understand that the revocation will not apply to information that has already been released in response to this authorization.
5. I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not be protected by federal privacy laws or regulations.
6. I understand authorizing the use of disclosure of the information identified above is voluntary. However, a student's eligibility to participate in extracurricular activities depends on such authorization. I need not sign this form to ensure healthcare treatment.
7. This authorization will expire one year from the date of signature.

****By signing below, parent and student agree to the code of conduct and concussion policy, and authorization for release of medical information (HIPPA)**

Student Signature Printed: _____ Grade: _____

Student Signature _____ Date of Birth _____

Parent Signature _____ Date _____

*Please sign and return this page to the office

